State: Arkansas Filing Company: Delta Dental of Arkansas

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: Individual Dental Age 26 Amendment

Project Name/Number: /

Filing at a Glance

Company: Delta Dental of Arkansas

Product Name: Individual Dental Age 26 Amendment

State: Arkansas

TOI: H10I Individual Health - Dental

Sub-TOI: H10I.000 Health - Dental

Filing Type: Form

Date Submitted: 07/19/2012

SERFF Tr Num: DDAR-128586593

SERFF Status: Closed-Approved-Closed

State Tr Num:

State Status: Approved-Closed
Co Tr Num: DDARIN-AMEND-26

Implementation 09/01/2012

Date Requested:

Author(s): Sara Farris

Reviewer(s): Rosalind Minor (primary)

Disposition Date: 07/19/2012

Disposition Status: Approved-Closed

Implementation Date:

State Filing Description:

State: Arkansas Filing Company: Delta Dental of Arkansas

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: Individual Dental Age 26 Amendment

Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile: Project Number: Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type:

Submission Type: New Submission Overall Rate Impact:

Filing Status Changed: 07/19/2012

State Status Changed: 07/19/2012 Deemer Date:

Created By: Sara Farris Submitted By: Sara Farris

Corresponding Filing Tracking Number:

Filing Description:

Delta Dental of Arkansas is increasing the dependent age under its individual dental product from 19 to 26. We are also deleting the full time student provisions, since they are no longer necessary with the increased dependent age. This amendment makes the necessary changes to the individual dental policy and outline of coverage.

Company and Contact

Filing Contact Information

 Sara Farris,
 sfarris@ddpar.com

 1513 Country Club
 501-992-1662 [Phone]

 Sherwood, AR 72120
 501-992-1663 [FAX]

Filing Company Information

Delta Dental of Arkansas CoCode: 47155 State of Domicile: Arkansas

1513 Country Club Rd. Group Code: Company Type: Sherwood, AR 72120 Group Name: State ID Number:

(501) 992-1662 ext. [Phone] FEIN Number: 71-0561140

Filing Fees

Fee Required? Yes
Fee Amount: \$0.00
Retaliatory? No

Fee Explanation:

Per Company: No

Company	Amount	Date Processed	Transaction #
Delta Dental of Arkansas	\$50.00	07/19/2012	61030888

SERFF Tracking #: DDAR-128586593 Company Tracking #: DDARIN-AMEND-26 State Tracking #:

Filing Company:

Delta Dental of Arkansas

H10I Individual Health - Dental/H10I.000 Health - Dental

TOI/Sub-TOI:

Individual Dental Age 26 Amendment Product Name:

Arkansas

Project Name/Number:

Correspondence Summary

Dispositions

State:

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/19/2012	07/19/2012

Filing Company:

Delta Dental of Arkansas

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

10/3ub-101. H 10/ Individual Health - Denial/H 10/.000 Health - Denial

Product Name: Individual Dental Age 26 Amendment

Arkansas

Project Name/Number: /

Disposition

Disposition Date: 07/19/2012

Implementation Date: Status: Approved-Closed

Comment:

State:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	DDARIN-AMEND-26	Approved-Closed	Yes

SERFF Tracking #: DDAR-128586593 Company Tracking #: DDARIN-AMEND-26 State Tracking #:

Filing Company:

Delta Dental of Arkansas

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Individual Dental Age 26 Amendment Product Name:

Arkansas

Project Name/Number:

Form Schedule

State:

Lead F	Lead Form Number:						
Item	Schedule Item	Form	Form	Form	Action/	Readability	
No.	Status	Number	Туре	Name	Action Specific Data	Score	Attachments
1	Approved-Closed	DDARIN-	POLA	DDARIN-AMEND-26	Initial:	40.000	DDARIN-AMEND-26.pdf

Form Type Legend:

	, , ,		
ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
отн	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Delta Dental of Arkansas Amendment to Limited Benefit Policy Individual Dental and Outline of Coverage

The following changes are made to the Limited Benefit Policy Individual Dental:

- Under Article 2. Definitions, the definition of "Full Time Student" is deleted in its entirety.
- In Section 3.02, first sentence, the phrase "nineteenth (19) birthday" is deleted and replaced with the phrase "twenty-sixth (26) birthday."
- Section 3.04 is deleted in its entirety.
- In Section 3.06, the phrase "or Student status" is deleted.

The following changes are made to the Outline of Coverage:

• The paragraph entitled Age Limitations is deleted in its entirety and replaced with the following:

AGE LIMITATIONS:

DDAR will cover single dependent children to the end of the month in which they turn 26. It is the responsibility of the POLICY HOLDER to terminate the coverage of an eligible dependent child when they reach the 26th Birthday; DDAR does not automatically terminate the coverage.

This Amendment shall become effective on [September 1, 2012 – V].

DELTA DENTAL PLAN OF ARKANSAS, INC.

Chief Executive Officer
Name and Title

Form No. DDARIN-AMEND-26 $\,$

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: Individual Dental Age 26 Amendment

Arkansas

Project Name/Number: /

State:

Filing Company: Delta Dental of Arkansas

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	07/19/2012
Comments:			
Attachment(s):			
Compliance Certification	DDARIN-AMEND-26.pdf		
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	07/19/2012
Bypass Reason:	n/a		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	07/19/2012
Bypass Reason:	n/a		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	07/19/2012
Bypass Reason:	n/a		
Comments:			

COMPLIANCE CERTIFICATION

I, the undersigned, do hereby certify and attest to the best of my knowledge and belief that the Flesch reading score of Form DDARIN-AMEND-26 is 40, as required by Arkansas law.

Signed this 19th day of July, 2012.

Sara Farris, Director of Compliance